

**ABC Infant & Toddler Center, Inc. / ABC Child Center, Inc.
Pre-Registration Application Form**

Thank you for your interest in ABC. To start the admissions process into one of our programs you are required to complete this Pre-Registration Application Form and return it to ABC with a non-refundable \$25 pre-registration fee. When space is made available you will be contacted immediately and a date will be scheduled for you to register your child. Upon enrollment, the \$25 pre-registration fee will be applied towards your first-time program registration fee.

Admission into ABC's Programs are rolling, year-round, and based on availability, with priority given to siblings and returning families. New enrollments begin on the 1st of every month. In the event that the program is full, your child will be added to the program's wait list.

Check one or more that apply: First time applicant Sibling currently attends ABC Sibling attended ABC in the past

Child's Name (First & Last): _____ Date of Birth: ____/____/____ Circle: Male Female

Child's Name (First & Last): _____ Date of Birth: ____/____/____ Circle: Male Female

ENROLLING PARENT(S) / GUARDIAN(S) INFORMATION

1) Name (First & Last): _____ Relationship to Child: _____

Address: _____ City _____ State _____ Zip _____

Phone Number: (Home) _____ (Mobile) _____ (Work) _____

Email Address: _____ Employer: _____

2) Name (First & Last): _____ Relationship to Child: _____

Address: _____ City _____ State _____ Zip _____

Phone Number: (Home) _____ (Mobile) _____ (Work) _____

Email Address: _____ Employer: _____

PREFERRED SCHEDULE

Children can be enrolled for any 2, 3, 4, or 5 days per week. The Infant Program (3-12 months) is only available for full days.

Preferred Schedule: MON _____ TUES _____ WED _____ THURS _____ FRI _____

If you have *no preference for days*, please circle how many days per week you would like your child to be enrolled (2 – 3 – 4 – 5). In the event that your child will be added to ABC's wait list, this option gives us more flexibility for placing your child into our program sooner.

Schedule Type: Full Days (8:00 AM – 6:00 PM) Half Days AM (8:00 AM – 12:30 PM) Half Days PM (1:00 – 6:00 PM)

What date would you like your child's enrollment to begin? (Month & Year): _____

We will make every effort to accommodate your requested start date, however we cannot make any guarantees as enrollment is based on availability and priority is given to siblings and returning families.

Please enclose a check for the amount of \$25 and return it along with this application to: ABC, 109 Nassau Avenue, Brooklyn, NY 11222. Checks should be made out to ABC Infant & Toddler Center (for children under 24 months) or ABC Child Center (for children 2+ years of age).

Parent/Guardian's Signature: _____ Date: _____

For Office Use Only:

Date Pre-Registration Received: _____ Check Nr. _____

Updated 4.2017